

O.C.S. (PENSION)FORM-Z

[Please See Rule 113]

FORM FOR REPORT ON CASES (OTHER THAN THOSE DUE TO INJURIES)
WHICH HAVE ENDED FATALLY OR ARE PROPOSED FOR INVALIDING

PART-A

(To be filled by the M. O.)

Station _____

Date _____

Name _____ Service No. _____ Designation _____

Unit _____ Service _____ Force _____

Other full service particulars and office address, etc. _____

Disability _____

Out-come of the case, i.e., died or to be invalided _____

Medical Officer

PART – B

(to be answered by the officer Commanding Unit)

Circumstances of the case :-

1. Was the individual in your opinion of average physique and stamina when he joined the Unit?
2. (a) Was the individual, as far as you are aware, in his normal health prior to the onset of the illness?
(b) If you are aware of any previous illness from which he suffered (which is not recorded in his medical history) state its nature and duration.....
3. Was the individual employed on sedentary duties/sheltered occupation? If so.
(a) had he to do P.T. and/or Parades ?
(b) was he doing it regularly prior to falling ill or had been exempted there from on account of ill-health, if so, from which date?
4. (a) (i) Mention any circumstances of exposure giving details thereof, and/or _____
(ii) State periods and conditions of service at any particular place, which you consider caused or aggravated the illness _____
(b) (i) Give the nature of duties he had to perform in Government service _____
(ii) Was he object to stress and strain by such duties? If so, was it of an exceptional nature? Give details _____
(c) Diseases endemic to certain areas or disease due to infection:
(i) If disability or death was due to infection, is there any evidence that the exposure was due to negligence or misconduct on his part?
(ii) Did he live in limit lines or was he permitted to live outside with his family?

Contd...

(iii) How many out passes was he granted during the previous month and what was the date of the last out pass?

(iv) Was the disease endemic to the area he was serving in and during this period or immediately preceding it were there other cases of the same disease in the Unit? If so, give the number of such cases, details of movements of infected persons and state any other circumstances which might have been responsible for the disease.

(v) Give the date of last leave and places where the leave was spent, Did illness start during leave? If shortly after return from leave, state date on which the illness commenced

(d) Veneral Diseases (Further information on the points) mentioned below:-

(i) when was it contacted.

(ii) Period of treatment

(iii) Whether after treatment the man returned to full duty?

(iv) Whether after return to duty post hospital Surveillance and treatment was continued according to existing regulations

(v) After return to duty, was the man subjected to any stress of an exceptional nature? If so, mention the nature of exceptional stress....

5. Do you consider that the death or disability was attributable to or aggravated by service?

Date:-

Officer Commanding
Head of the Office
Head of the Department

PART – C

(To be completed by Medical Officer concerned in all death cases)

(i) How many cases of this disease are treated during six months prior to admission of this individual?

(ii) How many cases of this disease were received from this Unit? Give details of such patients in chronological order ?

(iii) Was the infection endemic or was there any outbreak of it in the local garrison?

(iv) Was there an outbreak of the disease in the neighbouring city or villages?

(v) What is your view of the source of infection? In all cases state whether you consider the death was attributable to or aggravated by service and give the reasons on which you base your opinion

Commanding Officer
Hospital

1. Chief Medical Officer, Presiding Officer of the Medical Board.
2. Medical Officer, Member of the Medical Board.
3. Medical Officer, Member of the Medical Board.